



Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 5/4/19 Ending Date: 6/10/19

Type of Report: (Check one)

☐ 8th day preceding preliminary ☐ 8th day preceding election ☒ 30 day after election ☐ year-end report ☒ dissolution

Jennifer Paluzzi
Candidate Full Name (if applicable)
Town Clerk
Office Sought and District
19 Cortland Way, Grafton, MA
Residential Address
E-mail: reporterbabe@gmail.com
Phone # (optional): 508.839.6536

Committee to Elect Jennifer Paluzzi
Committee Name
Steven Paluzzi
Name of Committee Treasurer
19 Cortland Way, Grafton, MA 01519
Committee Mailing Address
E-mail: stepal@verizon.net
Phone # (optional): 508.839.6536

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	<u>268.33</u>
Line 2: Total receipts this period (page 3, line 11)	<u>631.67</u>
Line 3: Subtotal (line 1 plus line 2)	<u>900.00</u>
Line 4: Total expenditures this period (page 5, line 14)	<u>900.00</u>
Line 5: Ending Balance (line 3 minus line 4)	<u>0</u>
Line 6: Total in-kind contributions this period (page 6)	
Line 7: Total (all) outstanding liabilities (page 7)	
Line 8: Name of bank(s) used:	<u>Homefield Credit Union</u>

RECEIVED TOWN CLERK
GRAFTON, MA
2019 JUN 20 AM 8:39

Affidavit of Committee Treasurer:

I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury: Steven D. Paluzzi (Treasurer's signature) Date: 6/18/19

FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box only)

☒ Candidate with Committee and no activity independent of the committee

I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. I have not received any contributions, incurred any liabilities nor made any expenditures on my behalf during this reporting period.

☐ Candidate without Committee OR Candidate with independent activity filing separate report

I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury: [Signature] (Candidate's signature) Date: 6/18/19

SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

(A "Schedule A: Receipts" attachment is available to complete, print and attach to this report, if additional pages are required to report all receipts. Please include your committee name and a page number on each page.)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
5/6/19	Bruce Lord 23 Bellwood Circle, Bellingham	250.00	Retired
5/6/19	Linda Lord 23 Bellwood Circle, Bellingham	250.00	Retired
Line 9: Total Receipts over \$50 (or listed above)		500.00	
Line 10: Total Receipts \$50 and under* (not listed above)		131.67	
Line 11: TOTAL RECEIPTS IN THE PERIOD		631.67	

←

Enter on page 1, line 2

* If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

SCHEDULE A: RECEIPTS (continued)[illegible]

* If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.

(A "Schedule B: Expenditures" attachment is available to complete, print and attach to this report, if additional pages are required to report all expenditures. Please include your committee name and a page number on each page.)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
6/11/19	Community Harvest Project	37 Wheeler Rd. North Grafton, MA 01534	Charitable Donation	471.37
5/17/19	Tennifer Paluzzi	19 Cortland Way Grafton, MA 01519	Reimbursement	428.63
Line 12: Total Expenditures over \$50 (or listed above)				900.00
Line 13: Total Expenditures \$50 and under* (not listed above)				
Line 14: TOTAL EXPENDITURES IN THE PERIOD				900.00

Enter on page 1, line 4 → **Line 14: TOTAL EXPENDITURES IN THE PERIOD** 900.00

SCHEDULE B: EXPENDITURES (continued)[illegible]

* If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

1

Page 6

SCHEDULE D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.

[illegible]

Enter on page 1, line 7 →

Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)



Commonwealth
of Massachusetts

Office of Campaign and Political Finance
One Ashburton Place, Room 411
Boston, MA 02108
(617) 979-8300

Form CPF R 1: Itemization of Reimbursements

Office of Campaign and Political Finance

Please itemize any reimbursements by detailing the date, payee, address, purpose and amount for each expenditure made by the person being reimbursed. The total amount reimbursed to the individual (which must be by committee check) should be the same as the amount shown on the reimbursement form.

Date of Reimbursement:	<u>5/17/19</u>
Name of Individual Being Reimbursed:	<u>Jennifer Paluzzi</u>
Committee Name:	<u>Committee to Elect Jennifer Paluzzi</u>
CPF ID Number (if applicable):	<input type="text"/>
Telephone Number (optional):	<input type="text"/>

ITEMIZE EXPENDITURES IN EXCESS OF \$50

Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount
<u>5/17/19</u>	<u>Signs On The Cheap</u>	<u>signsonthecheap.com</u>	<u>Purchase of 100 lawn signs</u>	<u>428.63</u>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

(Include items listed on Page 2) →

Line 1: Expenditures in excess of \$50 (itemized above):	<u>428.63</u>
Line 2: Expenditures \$50 or under (not itemized):	<input type="text"/>
Line 3: TOTAL AMOUNT REIMBURSED:	<u>428.63</u>

Signed under the penalties of perjury:

<u><i>John D. Palzo</i></u> Signature of Candidate / Treasurer	Date: <u>6/18/19</u>
---	----------------------

Please prepare a separate report for each reimbursement check issued by the committee.

Page 2